



Complete Summary

TITLE

Anticoagulant medication management: percentage of patients with a 30-day supply (or more) of anticoagulants who had at least one blood clotting test per each 45-day period.

SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with a 30-day supply (or more) of anticoagulants who had at least one blood clotting test per each 45-day period.

RATIONALE

Patients who are prescribed anticoagulants (coumadin or warfarin) should have regular blood testing to monitor the drug dosage. Inadequate drug dosages will result in ineffective treatment while overdosage will place the patient at risk for hemorrhage. This delicate balance requires regular monitoring with a blood test known as an International Normalized Ratio (INR).

PRIMARY CLINICAL COMPONENT

Anticoagulant medication; coumadin; warfarin; International Normalized Ratio (INR)

DENOMINATOR DESCRIPTION

Patients assigned to a family physician with a 30-day (or more) supply of anticoagulants (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of patients from the denominator who had at least one blood clotting test per each 45-day period

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

The death rate for those with an increase of one unit of the International Normalized Ratio (INR) above the recommended value (2.5) doubled in one study.

EVIDENCE FOR BURDEN OF ILLNESS

Oden A, Fahlen M. Oral anticoagulation and risk of death: a medical record linkage study. BMJ2002 Nov 9;325(7372):1073-5. [PubMed](#)

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients assigned to a family physician with a 30-day (or more) supply of anticoagulants (see the "Denominator Inclusions/Exclusions" field)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusion

Patients assigned* to a family physician with a 30-day (or more) supply of anticoagulants

*A patient is allocated to the physician with the most visits (as defined by cost). In the case of a tie, the patient is allocated to the physician with the greatest total cost. Total cost calculations include direct care (i.e., visits) and indirect care (i.e., referrals to other physicians or for services such as lab tests and x-rays).

Exclusion

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients from the denominator who had at least one blood clotting test per each 45-day period

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

Laboratory data

Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Anticoagulation medication monitoring.

MEASURE COLLECTION

[Indicators of Quality in Family Practice](#)

MEASURE SET NAME

[Acute & Chronic Disease Management](#)

DEVELOPER

Manitoba Centre for Health Policy

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

MEASURE AVAILABILITY

The individual measure, "Anticoagulation Medication Monitoring," is published in "Using Administrative Data to Develop Indicators of Quality in Family Practice." This document is available in Portable Document Format (PDF) from the [Manitoba Centre for Health Policy Web site](http://www.manitoba.ca/healthpolicy/web/site/).

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NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2006. The information was verified by the measure developer on May 1, 2006.

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